

AMENDMENT TRANSMITTAL LETTER				Docket No. 2257-0251PUS1																																											
Application No. 10/528,996-Conf. #8788	Filing Date March 24, 2005		Examiner T. Chen		Art Unit 2627																																										
Applicant(s): Akihiro FUKASAWA																																															
Invention: OPTICAL DISK DEVICE																																															
MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																															
Transmitted herewith is an amendment in the above-identified application.																																															
The fee has been calculated and is transmitted as shown below.																																															
<table border="1"> <thead> <tr> <th colspan="6">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th>Claims Remaining After Amendment</th> <th>Highest Number Previously Paid</th> <th>Number Extra Claims Present</th> <th>Rate</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>12</td> <td>- 20 =</td> <td>0</td> <td>x 52.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>- 3 =</td> <td>0</td> <td>x 220.00</td> <td>0.00</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other fee (please specify):</td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td>0.00</td> </tr> </tbody> </table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	12	- 20 =	0	x 52.00	0.00	Independent Claims	2	- 3 =	0	x 220.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00																																										
<input checked="" type="checkbox"/> Large Entity			<input type="checkbox"/> Small Entity																																												
<input checked="" type="checkbox"/> No additional fee is required for this amendment.																																															
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																															
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
 Michael K. Mutter <i>WILLIAM TITLO MPA</i> Attorney Reg. No.: 29,680																																															
Dated: <u>October 8, 2008</u>																																															
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